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To:	FROM:
Examiner B. Musser	Byron S. Kuzara
COMPANY:	DATE:
U.S.P.T.O.	April 15, 2004
FAX NUMBER:	TOTAL NO. OF PAGES:
703-872-9306	17
Re:	OUR REFERENCE NO.:
U.S. Serial No. 09/995,003	005127.00007
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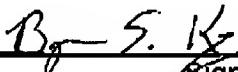
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Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Petition for Extension of Time (1 page)

Amendment (12 pages)

App. No. 09/995,003

Attny. Docket No. 005127.00007

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PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	1190
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Complete if Known

Application Number	09/985,003
Filing Date	11/26/01
First Named Inventor	Zvi Rapaport
Examiner Name	B. Musser
Art Unit	1733
Attorney Docket No.	005127.00007

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit
Account
Number

19-0733

Deposit
Account
Name

Banner & Witcoff, LTD.

The Director is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	285	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims	Fee from below	Fee Paid
		-20**	= 0	X 0 = 0
Independent Claims		-3**	= 0	X 0 = 0
Multiple Dependent			X 0	= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		0

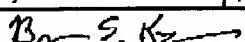
* or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1012	2,620	1812	2,520
1004	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	850	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	185
1402	330	2402	165
1403	290	2403	145
1451	1,610	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____		SUBTOTAL (3)	

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** **(\$)** **1190**

SUBMITTED BY

Name (Print/Type)	Byron S. Kuzara	Registration No. (Attorney/Agent)	51,255	Telephone	503-425-6800
Signature					

Complete if applicable

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